



Complete Summary

TITLE

Atrial fibrillation: percentage of patients (without contraindications to anticoagulation) with paroxysmal, persistent, or permanent atrial fibrillation/flutter with risk factors for thromboembolism who are taking warfarin.

SOURCE(S)

Institute for Clinical Systems Improvement (ICSI). Atrial fibrillation. Bloomington (MN): Institute for Clinical Systems Improvement (ICSI); 2008 Oct. 62 p. [91 references]

Measure Domain

PRIMARY MEASURE DOMAIN

Process

The validity of measures depends on how they are built. By examining the key building blocks of a measure, you can assess its validity for your purpose. For more information, visit the [Measure Validity](#) page.

SECONDARY MEASURE DOMAIN

Does not apply to this measure

Brief Abstract

DESCRIPTION

This measure is used to assess the percentage of patients (without contraindications to anticoagulation) with paroxysmal, persistent, or permanent atrial fibrillation/flutter with risk factors for thromboembolism who are taking warfarin.

RATIONALE

The priority aim addressed by this measure is to improve the consistency of anticoagulation therapy in adult patients (age 18 years and older) with nonvalvular paroxysmal, persistent, or permanent atrial fibrillation/flutter.

PRIMARY CLINICAL COMPONENT

Atrial fibrillation/atrial flutter; anticoagulation; thromboembolism; warfarin

DENOMINATOR DESCRIPTION

Adult patients (18 years of age or older) with paroxysmal, persistent, or permanent atrial fibrillation/flutter as defined by one or more visits with any (primary or secondary) diagnosis of atrial fibrillation/flutter (International Classification of Diseases, Ninth Revision [ICD-9] code 427.31 or 427.32) in the last month or measurement timeframe under review

NUMERATOR DESCRIPTION

Among the atrial fibrillation/flutter patients in the denominator, the number of patients with atrial fibrillation/flutter who have paroxysmal, persistent or permanent atrial fibrillation/flutter with risk factors for thromboembolism without contraindications to anticoagulation who are receiving warfarin

Evidence Supporting the Measure

EVIDENCE SUPPORTING THE CRITERION OF QUALITY

- A clinical practice guideline or other peer-reviewed synthesis of the clinical evidence

Evidence Supporting Need for the Measure

NEED FOR THE MEASURE

Unspecified

State of Use of the Measure

STATE OF USE

Current routine use

CURRENT USE

Internal quality improvement

Application of Measure in its Current Use

CARE SETTING

Physician Group Practices/Clinics

PROFESSIONALS RESPONSIBLE FOR HEALTH CARE

Physicians

LOWEST LEVEL OF HEALTH CARE DELIVERY ADDRESSED

Group Clinical Practices

TARGET POPULATION AGE

Age greater than or equal to 18 years

TARGET POPULATION GENDER

Either male or female

STRATIFICATION BY VULNERABLE POPULATIONS

Unspecified

Characteristics of the Primary Clinical Component

INCIDENCE/PREVALENCE

The prevalence of atrial fibrillation increases from 0.5% for the 50 to 59-year-old age group to 8.8% in the 80 to 89-year-old age group.

EVIDENCE FOR INCIDENCE/PREVALENCE

Institute for Clinical Systems Improvement (ICSI). Atrial fibrillation. Bloomington (MN): Institute for Clinical Systems Improvement (ICSI); 2008 Oct. 62 p. [91 references]

ASSOCIATION WITH VULNERABLE POPULATIONS

See the "Incidence/Prevalence" and "Burden of Illness" fields.

BURDEN OF ILLNESS

Atrial fibrillation is a common arrhythmia and an important independent risk factor for stroke.

Symptoms vary from none to severe disabling palpitations, dyspnea, and syncope. Patients with atrial fibrillation have a mortality rate double that of control subjects. Atrial fibrillation is one of a number of factors that increase the risk of systemic thromboembolic events including cerebrovascular events and peripheral arterial emboli.

EVIDENCE FOR BURDEN OF ILLNESS

Institute for Clinical Systems Improvement (ICSI). Atrial fibrillation. Bloomington (MN): Institute for Clinical Systems Improvement (ICSI); 2008 Oct. 62 p. [91 references]

UTILIZATION

Unspecified

COSTS

Unspecified

Institute of Medicine National Healthcare Quality Report Categories

IOM CARE NEED

Living with Illness

IOM DOMAIN

Effectiveness

Data Collection for the Measure

CASE FINDING

Users of care only

DESCRIPTION OF CASE FINDING

Adult patients (18 years of age or older) who have had an electrocardiogram that confirms a diagnosis of atrial fibrillation/flutter

This measure may be collected electronically through claims data using the International Classification of Diseases, Ninth Revision (ICD-9) codes 427.31 or 427.32 to identify the patients. Charts will be reviewed to determine if patients have risk factors for thromboembolism without contraindications (see Annotation #14 on page 22 of the guideline*) to anticoagulation therapy are on warfarin.

Select a random sample of the eligible population for data collection. The suggested sample size for each medical group is at least 10 charts each month. If the medical group identifies a total of less than 10 atrial fibrillation/flutter patients, all identified patients are to be included.

The sample would be drawn quarterly; data would be abstracted monthly.

*See the National Guideline Clearinghouse (NGC) summary of the Institute for Clinical Systems Improvement (ICSI) guideline [Atrial Fibrillation](#).

DENOMINATOR SAMPLING FRAME

Patients associated with provider

DENOMINATOR INCLUSIONS/EXCLUSIONS

Inclusions

Adult patients (18 years of age or older) with paroxysmal, persistent, or permanent atrial fibrillation/atrial flutter as defined by one or more visits with any (primary or secondary) diagnosis of atrial fibrillation/flutter (International Classification of Diseases, Ninth Revision [ICD-9] code 427.31 or 427.32) in the last month or measurement timeframe under review

Exclusions

Unspecified

RELATIONSHIP OF DENOMINATOR TO NUMERATOR

All cases in the denominator are equally eligible to appear in the numerator

DENOMINATOR (INDEX) EVENT

Clinical Condition
Encounter

DENOMINATOR TIME WINDOW

Time window is a fixed period of time

NUMERATOR INCLUSIONS/EXCLUSIONS

Inclusions

Among the atrial fibrillation/flutter patients in the denominator, the number of patients with atrial fibrillation/flutter who have paroxysmal, persistent or permanent atrial fibrillation/flutter with risk factors for thromboembolism without contraindications to anticoagulation who are receiving warfarin

Exclusions

Patients with contraindications to anticoagulation

MEASURE RESULTS UNDER CONTROL OF HEALTH CARE PROFESSIONALS, ORGANIZATIONS AND/OR POLICYMAKERS

The measure results are somewhat or substantially under the control of the health care professionals, organizations and/or policymakers to whom the measure applies.

NUMERATOR TIME WINDOW

Episode of care

DATA SOURCE

Administrative data
Medical record

LEVEL OF DETERMINATION OF QUALITY

Individual Case

PRE-EXISTING INSTRUMENT USED

Unspecified

Computation of the Measure**SCORING**

Rate

INTERPRETATION OF SCORE

Better quality is associated with a higher score

ALLOWANCE FOR PATIENT FACTORS

Unspecified

STANDARD OF COMPARISON

Internal time comparison

Evaluation of Measure Properties**EXTENT OF MEASURE TESTING**

Unspecified

Identifying Information**ORIGINAL TITLE**

Percentage of patients (without contraindications to anticoagulation) with paroxysmal, persistent or permanent atrial fibrillation/flutter with risk factors for thromboembolism who are taking warfarin.

MEASURE COLLECTION

[Atrial Fibrillation Measures](#)

DEVELOPER

Institute for Clinical Systems Improvement

FUNDING SOURCE(S)

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COMPOSITION OF THE GROUP THAT DEVELOPED THE MEASURE

Work Group Members: Thomas Munger, MD (Work Group Leader) (Mayo Clinic) (Cardiology/Electrophysiology); David Dunbar, MD (St. Paul Heart Clinic) (Cardiology/Electrophysiology); Humberto Vidaillet, MD (Marshfield Clinic) (Cardiology/Electrophysiology); Mark Morrow, MD (Aspen Medical Group) (Internal Medicine); Tonja Larson, PharmD, BCPS (Marshfield Clinic) (Pharmacy); Krissa Skoglund, PharmD, BCPS (HealthPartners Medical Group) (Pharmacy); Penny Fredrickson (Institute for Clinical Systems Improvement) (Measurement/Implementation Advisor); Joann Foreman, RN (Institute for Clinical Systems Improvement) (Facilitator)

FINANCIAL DISCLOSURES/OTHER POTENTIAL CONFLICTS OF INTEREST

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David Dunbar, MD receives research/grant funding from Medtronic and Boston Scientific for clinical research. No other work group members have potential conflicts of interest to disclose.

ICSI's conflict of interest policy and procedures are available for review on ICSI's website at www.icsi.org.

ADAPTATION

Measure was not adapted from another source.

RELEASE DATE

2004 Nov

REVISION DATE

2008 Oct

MEASURE STATUS

This is the current release of the measure.

This measure updates a previous version: Institute for Clinical Systems Improvement (ICSI). Atrial Fibrillation. Bloomington (MN): Institute for Clinical Systems Improvement (ICSI); 2007 Feb. 64 p.

SOURCE(S)

Institute for Clinical Systems Improvement (ICSI). Atrial fibrillation. Bloomington (MN): Institute for Clinical Systems Improvement (ICSI); 2008 Oct. 62 p. [91 references]

MEASURE AVAILABILITY

The individual measure, "Percentage of Patients (without Contraindications to Anticoagulation) with Paroxysmal, Persistent or Permanent Atrial Fibrillation/Flutter with Risk Factors for Thromboembolism Who Are Taking Warfarin," is published in "Health Care Guideline: Atrial Fibrillation." This document is available from the [Institute for Clinical Systems Improvement \(ICSI\) Web site](#).

For more information, contact ICSI at, 8009 34th Avenue South, Suite 1200, Bloomington, MN 55425; phone: 952-814-7060; fax: 952-858-9675; Web site: www.icsi.org; e-mail: icsi.info@icsi.org.

NQMC STATUS

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